

1. Table of Contents

2. Letter from the Authorized Representative	Page 1
3. Application Summary –SF-424	Page 2
4. Application Abstract	Page 6
5. Application Narrative	Page 8
6. Appendices	Page 29
7. Certification Regarding Lobbying	Page 35
8. Certification Regarding Environmental Tobacco Smoke	Page 38
9. Assurances	Page 39
10. D-U-N-S Number Verification	Page 41
11. Budget Information Form- SF-424A	Page 42
12. Budget Justification	Page 44
13. Sub-Contracts- Itemized Budgets	Page 45
14. Sub-Contracts- Proposed Scope of Work	Page 45
15. Sub-Contracts- Formal Agreements	Page 45
16. Sub-Contracts- Compliance with the Legislative Priorities	Page 46



STATE OF INDIANA
OFFICE OF THE GOVERNOR
State House, Second Floor
Indianapolis, Indiana 46204

Mitchell E. Daniels, Jr.
Governor

August 2008

Mr. Scott Riggins
Acting Director, Abstinence Education
Administration for Children and Families
U.S. Department of Health and Human Services
Portals Office Building, Suite 800
1250 Maryland Avenue, SW.
Washington, DC 20024

Dear Mr. Riggins:

I designate the Indiana State Department of Health as the administrator of the Section 510 Abstinence Education program on behalf of the state of Indiana. As part of this designation, I delegate to the Indiana State Department of Health all necessary authority to apply for funds under the Abstinence Education priority area, Code of Federal Domestic Assistance (CFDA) Number 93.235.

Please forward further communication regarding the State of Indiana Section 510 Abstinence Education program to Edward M. Bloom, Director, Maternal and Child Health Services at the Indiana State Department of Health.

Thank you for your attention to this matter.

Sincerely,

Mitch Daniels

4. Application Abstract

Contact and Grant Request Information

State: Indiana

Fiscal Year: FY 2009

Grant allocation amount: \$754,073

<u>Program Contact</u>	<u>Prefix</u>	<u>First and Last Name</u>	<u>Suffix</u>	<u>Title</u>	<u>Telephone</u>	<u>Email Address</u>
Contact Person:	Ms.	Stephanie Woodcox	MPH, CHES	Adolescent Health Coordinator	317-233-1374	swoodcox@isdh.in.gov
Project Director:	Ms.	Stephanie Woodcox	MPH, CHES	Adolescent Health Coordinator	317-233-1374	swoodcox@isdh.in.gov
Authorized Representative:	Ms.	Mary Hill	RN, Esq.	Deputy Health Commissioner	317-233-7400	marhill@isdh.in.gov

Additional Staff to Receive Correspondences:

<u>Program Contact</u>	<u>Prefix</u>	<u>First and Last Name</u>	<u>Suffix</u>	<u>Title</u>	<u>Telephone</u>	<u>Email Address</u>
Program Accountant:	Ms.	Tamara Poteet		Accountant	317-234-3651	tpoteet@isdh.in.gov
MCH Director:	Mr.	Edward Bloom		Director, Maternal and Child Health Services	317-233-1252	ebloom@isdh.in.gov
Contact:	Ms.	Andrea Wilkes		Public Health Administrator	317-233-1246	awilkes@isdh.in.gov

1. Proposed Focal Populations:

- Indiana counties with the highest rates of teen pregnancy among the 10-19 year old population
- Adolescents and teens ages 10-19, all races, both male and female
- Adolescents and teens attending upper elementary, middle, and high schools

2. Needs of Focal Population:

- To provide education about the health benefits of sexual abstinence until marriage.
- To have abstinence education programs available in their communities.
- To increase communication between adolescents and their parents about abstinence.
- To provide adolescents and teens with multiple program sessions that teach about abstinence.
- To distribute educational materials to both adolescents and parents about abstinence and how to talk about young people about sex.
- To reach those not directly receiving programming with the abstinence message through the media.

3. Overall Activities:

- Training for all grantees on curriculum content, activities and compliance with A-H
- Implementation of an abstinence media campaign, including TV and Internet advertising
- Distribution of educational materials about abstinence and how to talk to young people about sex

4. Overall Mechanisms:

- RFP process to sub-award program funds to community-based and youth-serving organizations to provide abstinence education to the focal population
- Technical assistance and training
- Media campaign; Educational materials distribution
- Community outreach

5. Monitoring Strategies:

- Signing of formal partnership (contract) by grantees outlining requirements and expected accomplishments
- Mandatory attendance and reporting at annual technical assistance meetings
- Grantee submission of reporting forms (every six months), work plan progress and aggregate evaluation results to the State Adolescent Health Coordinator

6. Service Recipients Involved in Designing or Implementing the Program:

- Indiana Office of Faith-Based and Community Initiatives
- Health Care Education and Training, Inc.
- Maternal and Children's Special Health Care Services Division, Indiana State Department of Health

7. At Least Two Program-Related Objective Outcome Measures:

- After completion of the program, at least 75% of students will increase their knowledge regarding the consequences of teen pregnancy and out-of-wedlock pregnancy.
- After completion of the program, at least 75% of students will be able to identify at least two ways to prevent contracting HIV and other STDs that can be transmitted by engaging in sexual activity out-of-wedlock.

8. Proposed Sub-Awardees with Contact Information:

At the time of this application, the State has not yet identified community-based organizations who will be the sub-awardees of these program funds. The State anticipates the release of an RFP to identify sub-awardees by October 2008. After review of applications and the initiation of formal partnerships with these sub-awardees, a process which can take up to four months, the State will provide all required documentation on each sub-awardee to ACF.

9. Sources of Non-Federal Funds:

- Dollar and/or in-kind provided by grantees
- Media campaign match from placement of television and Internet advertising

5. Application Narrative

Description of Problem and Need:

An increase in sexual activity among adolescents and young adults in Indiana and the United States has lead to an alarming number of children born out-of-wedlock. Although the teen birth rate in both Indiana and the United States has declined between 1991 and 2002 by 30 and 26 percent respectively, Hoosier adolescents and young adults are still at great risk for bearing children out-of-wedlock. The table below summarizes the number and percent of out-of-wedlock births by age and race of the mother.

Number and Percent of Births to Unmarried Parents by Age and Race of Mother						
Indiana Residents, 2006						
Age of Mother	Unmarried Parents			Percent Unmarried Parents		
	Total	White	Black	Total	White	Black
10-14	115	70	45	100	100	100
15-17	2675	1955	697	95.3	93.8	99.7
18-19	5711	4420	1254	83.9	80.9	96.9
20-24	15368	11995	3252	59.5	54.7	89.0
25-29	8038	6120	1827	30.1	26.0	71.6

Source: Indiana State Department of Health, Natality Report, 2006.

This table identifies the greatest at-risk populations in Indiana for bearing children out-of-wedlock as the pre-teen and teen populations (ages 10-19). This table also illustrates that the percentage of out-of-wedlock births among all females in Indiana drops dramatically beginning with the 20-29 age group.

According to the National Campaign to Prevent Teen and Unplanned Pregnancy, had the teen birth rate in Indiana not declined 26 percent between 1991 and 2002, there would have been nearly 19,000 additional children born to teen mothers during those years. In 2002, there would have been nearly 5,800 more children in poverty and nearly 6,700 additional children living with a single mother.

Besides the risk of pregnancy and having a child out-of-wedlock, another health threat to adolescents and young adults is sexually transmitted diseases (STDs). According to the Centers for Disease Control and Prevention, substantial progress has been made in preventing, diagnosing, and treating certain STDs in recent years, but there are still an estimated 19 million new infections occurring each year. Sexually transmitted diseases disproportionately affect adolescents and young adults, with one quarter of STDs diagnosed among 15-19 year-olds and two-thirds of cases occurring among 15-24 year-olds.

Engaging in sex outside of marriage is met with a tremendous number of consequences besides out-of-wedlock births and STDs including a reduction in educational attainment and employment opportunities, greater welfare dependency, and an increased potential for child abuse. The National Campaign to Prevent Teen and Unplanned Pregnancy states that children get a greater jumpstart in life if they are born to couples who are at *least* in their 20s, are in a stable marriage, and who have a high school diploma or higher education.

Promoting abstinence and providing abstinence education to adolescents and young adults is one way to effectively and positively address these problems. Abstinence can greatly enhance the lives of adolescents and young adults between the ages of 12-29 by providing 100 percent protection from out-of-wedlock births, unwanted/unplanned pregnancies, and protection against STDs. Furthermore, abstaining from sex allows adolescents and young adults to pursue higher education and career goals; strengthen or build relationships in other ways; reduce the financial burden on the economy due to out-of-wedlock pregnancies and treatment of STDs; and decrease the dependency on welfare funds.

Focal Population

Indiana recognizes that a large proportion of out-of-wedlock births occur to females in their 20s, and data indicate that out-of-wedlock teen pregnancy rates continue to increase throughout the state. One way to address and positively impact this problem is by reaching out to younger populations to promote prevention and abstinence education. Adolescents and teens of all races between the ages of 10-19 are most likely to bear children out-of-wedlock compared to any other age group. Therefore, the focal populations include both males and females ages 10-19, with special attention to those who are idle youth (those who are not currently working or in school); school dropouts; adolescents and young adults living in poverty; adolescents and young adults living in a single-parent household; and in counties with the highest rates of out-of-wedlock pregnancies to adolescent females. To reach those between the ages of 20-29, an abstinence media campaign will be implemented throughout the state.

Focal Populations

- Indiana counties with the highest rates of teen pregnancy among the 10-19 year old population
- Adolescents and teens ages 10-19, all races, both male and female
- Adolescents and teens attending upper elementary, middle, and high schools

Implementation Plan:

Indiana RESPECT (Indiana Reduces Early Sex and Pregnancy by Educating Children and Teens) is the larger program through which the abstinence education program is administered. Indiana RESPECT is the state's teen pregnancy prevention initiative that supports community-based organizations to provide adolescents and teens with sexuality and abstinence education. The State will identify sub-awardees of these program funds through an RFP process.

In order to ensure compliance with A-H, allow for greater monitoring of sub-awardees, and tracking of program-related outcomes, the State will provide applicants to the RFP with the choice of two curricula that may be implemented with these program funds. These two curricula are described below.

Sex Can Wait: An Abstinence Education Curriculum is five-week abstinence education program designed to teach the social, psychological, and health gains to be realized by abstaining from sexual activity. *Sex Can Wait* has specific curriculum for upper elementary (twenty-three 50-minute lessons), middle (twenty-four 50-minute lessons) and high school (twenty-three 50-minute lessons) students. The lessons and activities in the curriculum are designed to teach adolescents skills that can help them to act in their own best interests in all areas of their lives. *Sex Can Wait* has been reviewed by the State and found to be in compliance with A-H, as will be outlined in a later section of this narrative.

Making A Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention is a curriculum composed of eight one-hour modules that provides adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV, and pregnancy by abstaining from sex. The learning activities, videos, and scenarios used specifically focus on an abstinence message, which is clear and direct. The goal of *Making A Difference!* is to empower adolescents to engage in behaviors that will reduce their risk of becoming pregnant and/or infected with HIV and other STDs. This curriculum, with a minor adaptation, has been reviewed by the State and found to be in compliance with A-H, as will be outlined in a later section of this narrative.

Although this grant application covers a period of five fiscal years, States have been informed that this program is currently authorized through June 30, 2009. For this reason, along

with the knowledge of the time it will require to put contracts into place with identified sub-awardees, Indiana has decided to use the first fiscal year (FY09, through June 30, 2009), for training and planning. After contracts are awarded, grantees will use funds to purchase program materials, supplies and curriculum; attend training for either *Sex Can Wait* or *Making A Difference!*; and coordinate with schools or other community-based and youth-serving organizations to schedule programs. This planning and training time period will allow a smooth transition into the next fiscal year when program implementation will take place.

The first year will also be used to begin an evaluation plan, for both process outcomes of the State's implementation of this program, but also for outcome indicators among participants in grantees' programs. Evaluation will continue throughout the remaining fiscal years.

Below are the goals, with related activities to be implemented by the State with these program funds.

Goal 1: Increase the number of abstinence education programs in Indiana for adolescents ages 10-19.

Goal 2: Increase the delivery of positive messages regarding the choice of sexual abstinence among the focal population.

Goal 3: Positively impact the adolescent pregnancy and birth rates and the incidence of sexually transmitted diseases among the focal populations.

Activities

Activity #1: Release an RFP to identify community-based grantees to implement abstinence education programming to the focal populations.

Activity #2: Provide technical assistance for interested applicants of the RFP and continued training to grantees.

Activity #3: Distribute educational materials through grantees and to any interested community members.

Activity #4: Implement the Indiana RESPECT abstinence media campaign statewide.

Activity: 1				
Goal(s) addressed: 1, 2, 3				
Mechanism(s) used: RFP, Formal partnerships (contracts)				
<u>Step</u>	<u>Responsible Party</u>	<u>Expected Output</u>	<u>Start Date</u>	<u>End Date</u>
Identify A-H compliant curricula for implementation by grantees	State Adolescent Health Coordinator (SAHC)	Require grantees to use pre-approved curricula	Aug-08 Sep-09	Sep-08 Oct-09
Release an RFP for the abstinence education program funds	SAHC	Sub-award funds to community-based organizations	Oct-08 Nov-09	Oct-08 Jan-10
Enter into formal partnerships with grantees (contract process)	SAHC and ISDH Finance Department	Fund 19 grantee programs; Grantees funded on a two-year funding cycle	Dec-08 Feb-10	Jan-09 Apr-10

Activity: 2				
Goal(s) addressed: 1, 2				
Mechanism(s) used: Technical assistance meetings, Training opportunities				
<u>Step</u>	<u>Responsible Party</u>	<u>Expected Output</u>	<u>Start Date</u>	<u>End Date</u>
Hold a technical assistance meeting for interested RFP applicants	SAHC	Provide guidance on correct completion of grant application, including the A-H definition for abstinence education funds; All submitted applications are completed correctly	Oct-08 Nov-09	Oct-08 Nov-09

Attend annual national meeting and other related abstinence trainings	SAHC	Share/disseminate information from meetings/trainings with grantees	FY09-13	FY09-13
Provide curriculum training opportunities for grantees	SAHC	Grantees will be proficient in implementing all lessons and activities of their chosen curriculum	Jan-09 Oct-10	Jun-09 Oct-10
Provide annual technical assistance meetings for grantees	SAHC	Representatives from all grantee organizations will be in attendance	FY09-13	FY09-13

Activity: 3				
Goal(s) addressed: 2, 3				
Mechanisms: Events, Grantees, Meetings, Community outreach and requests				
<u>Step</u>	<u>Responsible Party</u>	<u>Expected Output</u>	<u>Start Date</u>	<u>End Date</u>
Distribute educational materials	SAHC, Grantees	Fill all requests for educational materials	FY09-13	FY09-13
Update program website	SAHC, Pathway Productions (agency who developed the website)	Website continually updated with accurate, timely information regarding abstinence	FY09-13	FY09-13

Activity: 4				
Goal(s) addressed: 2, 3				
Mechanism(s) used: Media campaign, Educational materials				
<u>Step</u>	<u>Responsible Party</u>	<u>Expected Output</u>	<u>Start Date</u>	<u>End Date</u>
Place abstinence education advertisements on TV and the Internet targeting parents and teens	SAHC, Asher Agency (media placement agency)	Media flights placed throughout the fiscal year; Message of abstinence reaches target audience	FY09-13	FY09-13
Distribute educational materials	SAHC, Grantees	Fill all requests for educational materials that come from grantees and interested community members	FY09-13	FY09-13
Update program website	SAHC, Pathway Productions (agency who developed the website)	Website continually updated with accurate, timely information regarding abstinence	FY09-13	FY09-13

Barriers

The main barrier to this implementation plan is limited funding to establish and/or continue to support grantees in all regions of the State that exhibit the need for abstinence education programs. In response to this barrier, the statewide media campaign of Indiana RESPECT will be carefully placed and implemented to allow for the greatest diffusion of the abstinence message to those communities with the greatest need that do not currently have abstinence education programs in place.

Another barrier of this implementation plan is the time it takes to establish contracts with sub-awardees. The State anticipates the release of an RFP to identify sub-awardees by October

2008. After review of applications, the initiation of formal partnerships with these sub-awardees will begin. However, this entire process can take up to four months to execute. The contracting process is also contingent on the timeliness of the notice of grant award for expenditures for the abstinence education program from ACF.

Mechanisms

Indiana will establish formal partnerships with community-based and youth-serving organizations identified through the RFP process. Grantees will be funded based upon the quality of the application; adherence to guidelines established; capacity to serve focal populations; capacity to implement specified curriculum; and the ability to comply with A-H and other reporting requirements. Contracts signed by the grantees will reflect these criteria. Training will be made available annually to grantees during the period in which they are funded (Indiana RESPECT operates on a two-year funding cycle) in order to ensure program implementation and continued compliance with all State and Federal requirements. As mentioned in the previous section, the process of putting contracts into place with sub-awardees can take up to four months.

Monitoring

Grantees will be required to attend training specific to the curriculum they have chosen to implement to ensure understanding and proficiency in teaching all aspects of the curriculum in accordance with State and Federal requirements. Grantees will also be required to attend annual technical assistance meetings held by the State Adolescent Health Coordinator. At these meetings, grantees will be required to report on how they are complying with A-H and the progress of their work plan. As mentioned earlier, grantees' contracts with the State will clearly outline all requirements attached to these funds, including a reminder of the A-H definition of abstinence education. Lastly, grantees will submit reporting forms (Forms A-D) every six

months to the State Adolescent Health Coordinator along with a progress report on their proposed work plan and documentation of how each element of A-H has been or will be implemented.

Coordination

To serve the greatest number of individuals in the focal population, the State must coordinate the placement of grantee programs with programs being funded by Community Based Abstinence Education (CBAE) Programs so that there is little to no overlap of services and programs. The State Adolescent Health Coordinator is available to provide technical assistance to Indiana CBAEs or assist with other requests for information. The Indiana RESPECT program will utilize its partnership with the Indiana Office of Faith-Based and Community Initiatives to announce the availability of program funds for abstinence education and share the RFP with their constituencies. Additionally, the Indiana RESPECT program will coordinate with Health Care Education and Training, Inc. (HCET) to provide continued technical assistance and training to grantees. HCET is a regional training center that provides quality, comprehensive education, training, and program development in the area of pregnancy prevention.

Service Recipient Involvement

Indiana's application for these program funds will be posted on the web page of the Adolescent Health Program of the Maternal and Children's Special Health Care Services Division of the Indiana State Department of Health. Visitors to the site may submit comments and questions regarding the grant application, which will be answered by the State Adolescent Health Coordinator.

Referrals

Indiana RESPECT and its grantees will refer individuals and other community-based organizations who are geographically beyond the program's scope to the Indiana RESPECT website for additional information on abstinence and provide them with educational materials, if requested. Referrals will also be made to our CBAE partners, as appropriate.

Objective Performance Measures and Efficiency Measures:

In addition to the three aforementioned program goals, the grantees of Indiana RESPECT supported with these program funds will address the following performance measures:

- o Measure 1: After completion of the program, at least 75% of students will increase their knowledge regarding the consequences of teen pregnancy and out-of-wedlock pregnancy. (This change in knowledge will be determined by implementing a pretest-posttest evaluation design.)

Baseline Measure: Because Indiana RESPECT has used state-wide data in determining progress and outcome measures as opposed to the now required program-specific related outcomes, FY2009 will be used to gather baseline information for this measure.

Long-term Targets:

FY09: Gather baseline data for this measure.

FY10-13: Because new groups of students will be receiving the program every year, we do not anticipate more than 75% of students (each year) to increase their knowledge regarding the consequences of teen pregnancy and out-of-wedlock pregnancy. Therefore, the target for each fiscal year will be 75%. However, if the baseline is determined to be set greater than 75%, the target will be modified accordingly for the remaining fiscal years.

- Measure 2: After completion of the program, at least 75% of students will be able to identify at least two ways to prevent contracting HIV and other STDs that can be transmitted by engaging in sexual activity out-of-wedlock. (This change in knowledge will be determined by implementing a pretest-posttest evaluation design.)

Baseline Measure: Because Indiana RESPECT has used state-wide data in determining progress and outcome measures as opposed to the now required program-specific related outcomes, FY2009 will be used to gather baseline information for this measure.

Long-term Targets:

FY09: Gather baseline data for this measure.

FY10-13: Because new groups of students will be receiving the program every year, we do not anticipate more than 75% of students (each year) to be able to identify at least two ways to prevent contracting HIV and other STDs that can be transmitted by engaging in sexual activity out-of-wedlock. Therefore, the target for each fiscal year will be 75%.

However, if the baseline is determined to be set greater than 75%, the target will be modified accordingly for the remaining fiscal years.

Objective Efficiency Measures:

Forms A-D, Unduplicated Count of Clients Served (Form A), Hours of Service Received by Clients (Form B), Program Completion Data (Form C), and Communities Served (Form D) will each be given to all grantees of Indiana RESPECT supported with Section 510 Abstinence Education Program funds. Program coordinators will receive instruction on how to complete these forms from the State Adolescent Health Coordinator at a technical assistance meeting. It will then be the responsibility of the grantees to complete each of these forms for their program and report back to the State Adolescent Health Coordinator with the data every six months for

the duration of their grant award. The State Adolescent Health Coordinator will then compile a comprehensive report reflecting each program's data that will be included in the annual report submitted to the Administration for Children and Families.

Legislative Priorities:

Indiana is requiring all grantees supported with Section 510 funds to implement either the *Sex Can Wait* curriculum or the *Making A Difference!* curriculum. Descriptions of these curricula are outlined in the "Implementation Plan" section of this application. These curricula were chosen because they meet the A-H requirements for abstinence education. (Note: *Making A Difference!* will require a minor content adaptation to meet the A-H requirement. Those grantees implementing this curriculum will be provided not only with technical assistance on this issue by the State Adolescent Health Coordinator, but also receive training from the developers of the curriculum.) The modification to *Making A Difference!* is to stress throughout all lessons and activities that those relationships in which sexual activity occurs should be in the context of marriage. This is discussed throughout the curriculum, but added emphasis on this fact should be used by facilitators. Those grantees choosing to implement *Sex Can Wait* will also be provided with technical assistance from the State Adolescent Health Coordinator and training from the developers of the curriculum.

Below is a description of how each A-H element will be meaningfully addressed by each curriculum.

Curriculum: *Sex Can Wait*

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

- Example from upper elementary curriculum

"The curriculum is an abstinence education program designed to teach the social, psychological, and health gains to be realized by abstaining from sexual activity..." (pg. 1).

- Example from middle school curriculum

“The curriculum is an abstinence education program designed to teach the social, psychological, and health gains to be realized by abstaining from sexual activity...” (pg. 1).

- Example from high school curriculum

“The curriculum is an abstinence education program designed to teach the social, psychological, and health gains to be realized by abstaining from sexual activity...” (pg. 1).

B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

- Example from upper elementary curriculum

The following guidance to parents is included in the Family Handout: “In discussing sexual behavior, we encourage you to convey the message to your children that abstinence from sexual activity outside marriage is the expected standard” (pg. 10).

- Example from middle school curriculum

The following guidance to parents is included in the Family Handout: “In discussing sexual behavior, we encourage you to convey the message to your children that abstinence from sexual activity outside marriage is the expected standard” (pg. 10).

- Example from high school curriculum

The following guidance to parents is included in the Family Handout: “In discussing sexual behavior, we encourage you to convey the message to your children that abstinence from sexual activity outside marriage is the expected standard” (pg. 11).

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

- Example from upper elementary curriculum

In discussions of reasons to abstain from sex (for example, page 223) teachers are able to emphasize that abstinence is the only certain way to avoid out-of-wedlock pregnancy. Lesson 19 provides information about the seriousness of HIV/AIDS and other STDs. “You can avoid HIV/AIDS and other STDs by choosing not to have sex” (pg. 191).

- Example from middle school curriculum

“There is only one 100 percent sure way to avoid a pregnancy and that is to avoid a relationship which includes contact between the sex organs. Even sperm deposited near the opening of the female’s vagina can cause pregnancy” (pg. 214). Lessons 21 and 22 deal with sexually transmitted disease and indicate that to avoid STDs they should abstain from sexual activity, except with one uninfected partner in a lifetime monogamous (marriage) relationship.

- Example from high school curriculum

“Abstinence is the only 100 percent certain way to avoid sexually contracting an STD” (pg. 129). “The only way to ensure that young people don’t have to confront such problems (problems related to out-of-wedlock pregnancy) is for them to adopt sexually abstinent lifestyles” (pg. 152).

(D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

- Example from upper elementary curriculum

The following guidance to parents is included in the Family Handout: “In discussing sexual behavior, we encourage you to convey the message to your children that abstinence from sexual activity outside marriage is the expected standard” (pg. 10).

- Example from middle school curriculum

The following guidance to parents is included in the Family Handout: “In discussing sexual behavior, we encourage you to convey the message to your children that abstinence from sexual activity outside marriage is the expected standard” (pg. 10).

- Example from high school curriculum

The following guidance to parents is included in the Family Handout: “In discussing sexual behavior, we encourage you to convey the message to your children that abstinence from sexual activity outside marriage is the expected standard” (pg. 11). “...a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity....” (pg 196).

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

- Example from upper elementary curriculum

“Becoming involved in early sexual activity limits students’ choices and short-circuits future possibilities” (pg. 12). “Postponing sexual involvement gives students more time to learn about themselves as individuals and to explore alternatives open to them” (pg. 12). In a discussion of reasons to abstain from sex instructors are advised to be sure the following is included: “To avoid potential psychological issues and harm that accompany pre-marital sex” (pg.185), to indicate to students that they should “wait until they are developmentally and financially ready for adulthood and emotionally ready for a committed, loving relationship within the context of marriage. Emphasize the many benefits of abstinence” (pg.185).

- Example from middle school curriculum

“Becoming involved in early sexual activity limits students’ choices and short-circuits future possibilities” (pg. 13). “Postponing sexual involvement gives students more time to learn about themselves as individuals and to explore alternatives open to them” (pg. 13). In the lesson “Difficulties of Early Sexual Involvement” students and the instructor generate a list of risks and concerns in various categories, including “Psychological/Emotional risks.” Teachers are advised to “Remind students that freedom from concern about these risks was established as a benefit of choosing abstinence” (pg. 213).

- Example from high school curriculum

The class is asked to identify consequences of sexual choices. Guidance to the teacher indicates The class could then bring out, with your assistance, “the risk of AIDS, the risk of STDs other than AIDS, the risk of pregnancy, the psychological risks, etc. (pg. 212). Sexual abstinence offers many positive benefits for the individual, for relationships, and even society that are often overlooked....there are many social, psychological, and health gains to be realized by abstaining from sexual activity” (pg.219).

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

- Example from upper elementary curriculum

In leading a discussion of why many young people do choose abstinence teachers are given a list of possible reasons and advised to be sure they are included. Among these are “To avoid pregnancy and associated risks (Be sure to discuss all the short-term and long-term consequences of teenage pregnancy, including the health risks to the infant, mother and father, and risks to society)” (pgs. 184-185).

- Example from middle school curriculum

Bearing children outside of marriage can result in harmful consequences for the child, the child's parents, and society" (pg. 215). A teen pregnancy affects many more people than just the teen. Teens' families, the teenage mother and father, the baby and even society as a whole tend to suffer with heart and/or hormones are allowed to make decisions about sexual behavior" (pg. 216).

- Example from high school curriculum

Lessons 13 and 14 deal with the difficulties involved with out-of-wedlock teen pregnancy and the positive role that child bearing and pregnancy can play within marriage (pgs. 150-167).

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

- Example from upper elementary curriculum

The activity "Refusal Skills" (pgs. 172-173) has as its focus role plays that help young people practice rejecting sexual advances. "By adopting a sexually abstinent lifestyle you can concentrate your energy on preparing for the future and future relationships and avoid some of the pitfalls of early sexual involvement" (pgs. 210-211).

- Example from middle school curriculum

The lesson Sexual Decision Making: Saying No (pgs. 206-211) focuses on how to reject sexual advances. "The purpose of this lesson is to help adolescents develop the requisite knowledge, attitudes, and skills, to formulate healthy, obtainable goals, especially that of choosing a sexually abstinent lifestyle as an adolescent in planning for a future as an adult" (pg. 243).

- Example from high school curriculum

The activity "Sexual Pressure Scenarios" (pgs. 214-215) focuses on how to reject sexual advances. "Adolescents who develop a strong commitment to future careers and feel assurance that they can carry out their life goals are more careful about their sexual behavior than those whose lives hold little hope of opportunity" (pg. 234).

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

- Example from upper elementary curriculum

"This purpose of this unit is to develop students' goal setting skills and help them understand that sexual abstinence during adolescence can be an important strategy in achieving their goals and implementing successful life plans" (pg. 197). "Postponing sexual involvement allows you time to grow, mature, form your own identity and develop your full potential" (pg. 224).

- Example from middle school curriculum

From the goal setting unit, "Help students to understand that part of growing up and becoming an adult is developing self-sufficiency. Let them know it is important to attain self-sufficiency before engaging in sexual activity" (pg. 245).

- Example from high school curriculum

Lesson 23, Getting to the Future, "helps students to establish short- and long-term goals, and to develop the skills to achieve these goals. Students are encouraged to choose sexual abstinence as the best way of getting what they want and need out of life" (pg. 246).

Curriculum: *Making A Difference!*

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

- This curriculum “focuses almost entirely on knowledge, attitudes, and skills that encourage and assist young people in implementing abstinence in their relationships” (pg. 3). “The focus of every learning activity is on abstinence” (pg. 3).

B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

- Module 2 discusses how to understand messages of sex. This module emphasizes that a message parents give about sex is to wait until you are married to have sex (pg. 61).

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

- Module 1 allows students to brainstorm ways to prevent the negative consequences of sex. Facilitators are to highlight that “abstaining from oral sex, anal sex, and vaginal intercourse can prevent pregnancy and STDs, including HIV” (pg. 43). “Abstinence is the safest and most effective way to avoid getting a sexually transmitted disease and to prevent an unintended pregnancy. It is also the proud and responsible thing to do” (pg. 66).

(D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

- Students are asked to review a case study of a relationship. This activity invites students to stop, think and act on what they would do if they were in a similar situation. The case study’s focus is to make the decision to wait until marriage before engaging in sexual intercourse (pg. 124).

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

- The activity titled *Brainstorming about Teens and Sex* is intended to solicit students’ responses for reasons why some teens have sex. Answers to be discussed include both the psychological and physical effects of having sexual intercourse, such as loneliness, having a baby, contracting an STD, low self-esteem and interfering with one’s goals and dreams (pgs. 41-42).

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

- Module 2 discusses what teens are able to gain by waiting to have sex or from being abstinent. Examples of answers to be considered by students include having less of a chance to raise a child by yourself, avoiding emotional or physical pain or discomfort, not having to worry about your parents finding out, and the ability to achieve future goals and dreams (pg. 69).

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

- The topic of module 7 is responding to peer pressure and partner pressure. A goal of this module is to increase students' refusal and negotiation skills regarding abstinence. Students are reminded that peer pressure can include doing things we do not want to do such as "cut class, stay out late, smoke, drink alcohol, take drugs", which all can impact the decisions we make (pg. 149).

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

- An underlying philosophy of the lessons and activities are for students to "consider their goals for the future and to think about how participating in sexual activity at their current age might thwart the attainment of these goals. It makes clear that their best strategy is abstaining from sex" (pg. 6). "Only you can decide to protect your future and your health. Therefore, the best way and the proud and responsible way to protect yourself...is to practice abstinence" (pg. 79).

Description of Programmatic Assurances

Requirement 1: The State will enter into formal contract agreements with each identified community-based or youth-serving organization to serve as a sub-awardee of these abstinence education program funds. This contract will include the above A-H definition of sexual abstinence, with the examples of how each element is meaningfully addressed in the curriculum they have chosen to implement. It is the intention of the State to hire additional staff (beginning in FY2010) to perform site visits to monitor grantee programs for greater assurance of compliance.

Requirement 2: The State will only support those programs implemented by grantees that use either of the pre-approved curricula, *Sex Can Wait* or *Making A Difference!*, both of which have been reviewed by the State and are found to address each element of A-H.

Requirement 3: During FY2009, grantees will be monitored for compliance with A-H through reporting forms, information provided during training and technical assistance meetings, and documentation of how A-H has been or will be addressed. As mentioned earlier, beginning in FY2010, the State intends to hire staff to conduct site visits to each grantee organization.

Medical Accuracy:

The State has carefully reviewed the content of the two curricula that will be implemented with these program funds and found the information provided to be medically accurate. Should a grantee want to use supplemental educational materials, the grantee must provide the State with a copy of such materials and wait for approval from the State before the materials are used during the implementation of any lesson or activity. Should a grantee want to develop new educational materials using program funds, the grantee must seek the approval of the State prior to printing. If the material proves to be medically accurate and approval is given to the grantee by the State, the grantee must then provide a final copy of the printed material for the State to keep on file. The regulations related to use of supplemental materials and the development of new educational materials will appear as a condition in the contracts with grantee organizations and will be made known at the technical assistance meeting.

Budget Discussion:

All program funds (including match) are used directly for the management and implementation of proposed activities of the State and community-based grantees. The program funds used by the State support the implementation of the statewide abstinence media campaign as well as to provide continuous technical assistance and training for all grantees. The majority of program funds are sub-awarded to community-based grantees to implement programs for the focal populations identified by the State. State and grantee work plans and budgets are reviewed monthly to monitor progress toward meeting the program's outcome measures.

Each grantee of the Indiana RESPECT community-based grant program will be required to submit invoices reflecting program expenditures on a monthly basis. Attached to monthly invoices, grantees must submit a local match documentation form (State-developed) which

provides a break-down of line item expenses in addition to the amount of match provided. This local match documentation form allows the State Adolescent Health Coordinator not only to track overall matching funds provided to ensure the minimum 75% match but also monitor whether grantees are staying within their proposed budget for each line item.

Community-based grantees (service recipients) play a significant role in the implementation of the proposed project, as nearly 75% of program funds received by the State are given to grantees to implement programs that serve the focal populations identified by the State. Funds allocated to grantees are for use at their discretion, as long as the State feels they are within reason and directly relate to proposed program goals and activities. Because of this, grantees have the flexibility to designate funds among various line items in their budget as they see fit.

Sources of non-federal funds to be used as match for this project will come from matching funds on the media campaign (i.e. 1-1 buy on all television advertisements) and from requiring all grantees to provide at minimum a 75% match to their total grant award.

The State Adolescent Health Coordinator also serves as the Program Director of the Indiana RESPECT Program. This individual has served in this capacity for the past two years and has taken full responsibility of administering all aspects of this grant. This individual is familiar with the grant process, rules and regulations and keeps updated by attending trainings and meetings offered at the federal, state and local levels.

A section of the Indiana RESPECT RFP addresses personnel who will be working directly with the management and implementation of the proposed program. This section asks applicants to describe relevant background and work experience for key personnel. The State closely reviews this section of the application to make sure that personnel are qualified to

implement their proposed work plan (which indicates those responsible for the completion of activities) as well as support the accomplishment of program goals.

Because the RFP has yet to be released by the due date of this application, the State can not yet provide sub-awardees' documents in this application. However, when those organizations are identified, the State will submit all required documentation to ACF.

12. Budget Justification:

A. Personnel	\$0.00
B. Fringe Benefits	\$0.00
C. Travel	\$2,000.00
a. Out-of-state travel for the Adolescent Health Coordinator to attend the national abstinence education grantee meeting	
D. Equipment	\$0.00
E. Supplies	\$0.00
F. Contractual	
a. Sub-award funds to 19 community-based grantees (\$20,000 for FY09, through June 30, 2009)	\$380,000.00
b. Media campaign (including Internet/TV advertisements, educational materials)	\$320,297.00
c. MOU with Office of Faith-Based and Community Initiatives to assist with the dissemination of RFP and reviewing sub-awardee grant applications	\$1,000.00
d. Curriculum training for sub-awardees (two-day trainings provided by companies and/or authors of the curriculum)	\$7,000.00
e. Evaluation planning	\$10,000.00
G. Construction	\$0.00
H. Other	
a. Hire part-time professional to assist the State Adolescent Health Coordinator with the administering the RFP, contract process, and technical assistance and training	\$30,000.00
I. Total Direct Charges	\$718,297.00
J. Indirect Charges	\$3,776.00
K. Total	\$754,073.00

13. Sub-Awards- Itemized Budgets

At the time of this application, the State has not yet identified community-based organizations who will be the sub-awardees of these program funds. The State anticipates the release of an RFP to identify sub-awardees by October 2008. After review of applications and the initiation of formal agreements with these sub-awardees, a process which can take up to four months, the State will provide all required documentation on each sub-awardee to ACF.

14. Sub-Awards- Proposed Scope of Work

At the time of this application, the State has not yet identified community-based organizations who will be the sub-awardees of these program funds. The State anticipates the release of an RFP to identify sub-awardees by October 2008. After review of applications and the initiation of formal agreements with these sub-awardees, a process which can take up to four months, the State will provide all required documentation on each sub-awardee to ACF.

15. Sub-Awards- Formal Agreements

At the time of this application, the State has not yet identified community-based organizations who will be the sub-awardees of these program funds. The State anticipates the release of an RFP to identify sub-awardees by October 2008. After review of applications and the initiation of formal agreements with these sub-awardees, a process which can take up to four months, the State will provide all required documentation on each sub-awardee to ACF.

16. Sub-Awards- Compliance with Legislative Priorities

At the time of this application, the State has not yet identified community-based organizations who will be the sub-awardees of these program funds. The State anticipates the release of an RFP to identify sub-awardees by October 2008. After review of applications and the initiation of formal agreements with these sub-awardees, a process which can take up to four months, the State will provide all required documentation on each sub-awardee to ACF.